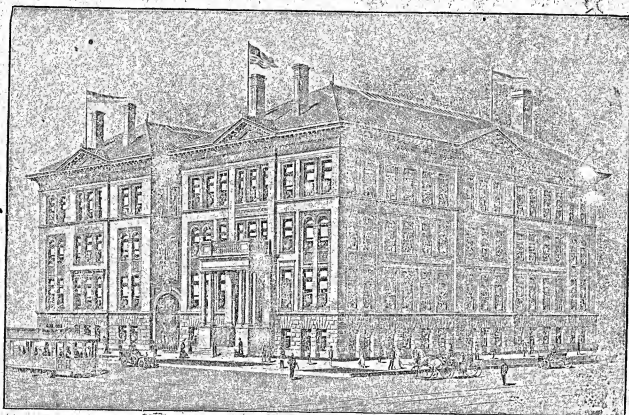


PASS REPORT BOOK



HEAD OFFICE BUILDING AND ANNEX
ROCK ISLAND, ILLINOIS

Modern Woodmen of America

Camp No. 8750

Boone Grove

State of Ind.

From Dec 1911 to Dec 1913

MATT PARSONS & SONS CO., WATERLOO, IOWA

Instructions to Camp Clerks

This Pass report book and the forms contained herein have been devised to assist Camp Clerks in the preservation of copies of all Pass and Semi-annual reports mailed, from time to time, to the Head Clerk. Blank forms of Pass and Semi-annual reports are invariably mailed from the office of the Head Clerk in time to reach the Camp Clerk by the first day of the month in which remittance, under call accompanying such report, is required to be made.

LEVY OF ASSESSMENTS

The Clerks should formulate reports on the blank forms supplied, in accordance with the printed directions thereon, and then carefully copy such completed report into this Pass report book. This is necessary for the permanent preservation of Camp records, and Clerks will also find it a valuable aid in formulating subsequent reports.

The levy of all assessments is made by the Society's Board of Directors; and notice thereof published in *The Modern Woodman* is legal notice to all members to pay same to their Camp Clerks on or before the last day of the month for which the levy is ordered. If a member defaults in his payment on or before the last day of the month of levy, he stands suspended under the law.

THE CALL

The Call for an assessment is issued by the Head Clerk on the first day of the month following the date of the levy thereof, the Call always being addressed to local Camp Clerks. The Clerk is required to accept this Call as a legal demand to remit forthwith, to the Head Clerk, the full amount collected under the assessment levied by the Board of Directors, and payable to him by the members of his Camp, in the month preceding that in which the Call is dated. The Clerks are, of course, required to remit arrearages for members who, previously suspended, may have reinstated. Every dollar due under a Call is in the hands of the Clerk and Banker of the Camp on the day Call is dated; hence, no valid reason can be advanced for delay in responding thereto.

PASS REPORT BLANKS

Blank forms on which to make reports to accompany remittances under Call are mailed to all Clerks of Camp with Copy of Official Call. By means of these reports, the Head Clerk is informed as to the exact standing of or any incident affecting all members of the local Camp. Such reports must be correctly formulated, as error may impair a member's standing. Remittances must invariably accompany reports and be mailed to the Head Clerk. Remittances forwarded to the Head Clerk without report, on blank form furnished by the Head Clerk, will be returned to the Camp Clerk. Remittances cannot be received without report, because the Head Clerk has no way of knowing who the individual members are, who may be entitled to credit for the amount remitted.

FORM OF REMITTANCE

All remittances are required, under the By-laws, to be made by bank draft, postal money order, or express money order, drawn payable to "Head Banker, M. W. of A., Rock Island, Illinois," and mailed to the Head Clerk. To maintain the good standing of a Camp, report, with remittance in form stated, must reach the Head Clerk on or before the 18th day of the month of Call. (See Secs. 252 and 255, 1908 By-laws.)

FIRST LIABILITY OF NEW MEMBERS

Sections 35 and 36 of the 1908 By-laws established the first liability of new members. An applicant adopted into an old Camp or a charter member of a new Camp is liable for the assessment current at the date of his adoption; and this assessment is payable at the time of adoption, as the Head Consul has ruled that a Benefit certificate, if in the hands of the Camp Clerk, must be delivered to an applicant when the latter receives his Beneficial degree. In other words, the delivery of the certificate must not be delayed in order to affect the new member's liability. Therefore, Camp Clerks are required to collect from newly adopted Beneficial members one assessment on the date of adoption and remit same to the Head Clerk with the Pass report next due. The name of the new member, the date adopted, and his assessment rate, should be reported on page 2 of the Pass report.

ADOPTION WHILE IN GOOD HEALTH

Adoption of an applicant for membership must take place while the applicant is in good health and within sixty days from the date of certificate issued by the Head Clerk. If, for any cause, the applicant is not adopted within sixty days, the Benefit certificate becomes null and void and must be returned to the Head Clerk with notation thereon "Not adopted." The applicant is then required to make a new application and a new Benefit certificate will be issued, but he is not required to pay a second membership fee.

PER CAPITA

Per Capita is a charge against the Camp. Social as well as Beneficial members are liable for Per Capita, this being the annual amount due to the Head Camp from every member of the Society. It is payable semi-annually in advance from the General fund of the Camp, upon Call from the Head Clerk, during the months of January and July of each year. When a Camp is organized, General fund dues should be fixed in an amount sufficient to meet the incidental expenses of the Camp, including the Clerk's compensation of not less than sixty cents per member per year, Beneficial and Social, in good standing. (See Sec. 289 of 1908 By-laws), and also including Per Capita tax of \$1.20 per member per year. To maintain their good standing at all times, the Neighbors, Beneficial and Social, must be prompt in the payment of their local Camp dues, which cover their Camp's liability to the Head Camp of \$1.20 annually.

Call for Per Capita is addressed by the Head Clerk to the local Camp Clerks on the first days of January and July of each year. Remittance, in response to this Call, is required to be made so as to reach the Head Clerk on or before the 18th day of the month Call is dated. Failure to make remittance within the limit of time provided by law will cause the suspension of the Camp and all its members.

A member adopted during the semi-annual term is not included in the liability for Per Capita until the next following term, except in new Camps; but, at adoption, he is required to pay to the Camp Clerk General fund Camp dues for the current quarter. In new Camps, all members adopted during month of organization are liable for Per Capita *pro rata* to the end of the current semi-annual term, beginning with the month following date of organization.

PROHIBITED OCCUPATIONS

On the subject of prohibited occupations see Sections 10, 11, 12, 13, 14, and 290. No person, while engaged in the manufacture or sale of liquor, to be used as a beverage, is eligible to membership in the Society. A member engaging in the manufacture or sale of liquor to be used as a beverage, unless within the exceptions contained in the proviso of Section 2 of the 1908 By-laws, renders his Benefit certificate absolutely null and void the moment he engages in this prohibited occupation. (See Chap. III, 1908 By-laws.) A Camp Clerk must promptly refuse dues and assessments from a member engaging in the liquor traffic (See Sec. 290), and if he violate Section 290 may be removed from office and expelled from the Society. (See Sec. 296, 1908 By-laws.) When a member engages in the liquor business, his name should be entered on page 6 of the next following Pass report forwarded to the Head Clerk. If the member makes objection to the action of the Clerk in refusing his dues and assessments, the Camp Clerk should report his objection by mail to the Head Clerk, with request for instructions.

HAZARDOUS OCCUPATIONS

No person while engaged in the occupations mentioned in Section 15 of the 1908 By-laws can legally obtain Beneficial membership in the Society.

A person engaged in any of the occupations mentioned in Section 16, who may join as a Beneficial member, shall be required to pay on each assessment levied upon the Beneficial membership of the Society, \$1.00 per \$1,000 of the amount stated in the application in addition to the regular rate of assessment as per table of Rates contained in Section 37, except metal miners (who are required to pay 65 cents per \$1,000 in addition to the regular rate.)

When a member engages in a hazardous occupation—meaning thereby any occupation mentioned in Chapter IV, of the 1908 revision of the By-laws—the Camp Clerk should report to the Head Clerk the Neighbor's name, with full particulars concerning the occupation in which the Neighbor has engaged, so that the Head Clerk may give such instructions as may be deemed necessary.

REINSTATEMENT

A member in good health and not engaged in any of the prohibited occupations enumerated in Section 12, revised By-laws, 1908, may reinstate by paying to his Camp Clerk arrearages of every kind, provided he has not been in suspension for a period exceeding sixty days. Written certificate of good health is not required.

If a member has been suspended for more than sixty days and less than six months, he will be required to furnish a Certificate of Good Health from the Camp physician (Form 53), which certificate must be submitted to and receive the approval of the Head Physician and Supreme Medical Directors. Aside from arrearages, such member is required to pay a reinstatement fee of \$1.00 and be re-rated according to his attained age. All reinstating members must pay the current assessment and dues (if any) before the provisions of Section 56 and 57 are fulfilled.

If a member is suspended for more than six months he loses all rights as a member of the Society and must come in as a new member, if at all. (See Sec. 58.)

A person over 45 years of age and in suspension for more than six months cannot again become a Beneficial member of the Society.

DISCIPLINE

The latest revised By-laws (Secs. 133 and 134) impose upon the Head Clerk the duty of removing from office incompetent, negligent or habitually dilatory Camp Clerks, and appointing their successors.

The provisions of these sections will be impartially enforced, but the Head Clerk entertains the hope that instances calling for the exercise of the authority conferred upon him will be rare.

SUGGESTIONS TO CLERKS

The Camp Clerk is urged to familiarize himself with the provisions of the Society's By-laws, especially those defining the duties of his office. The instructions given in circular No. 44, dated February 1, 1909, issued by the Head Clerk, mailed to all Camp Clerks, are based upon the provisions of the By-laws, which should be consulted by Clerks as a guide in the performance of their official duties.

The Summary of members paying, by rates, is provided for the purpose of proving the accuracy of all Pass reports formulated by the Clerk. Formulate by entering opposite each rate the total number of members actually paying such rate. Then, on the right, enter the total amount paid by the members, excluding all arrearages. After thus listing the membership and extending the amounts, if the work be correct, the footings thereof will agree with item 15 of the Combined Membership and Financial Statement.

In addressing the Head Office, Clerks should invariably give their Camp number and location. This is absolutely necessary.

Clerks are earnestly requested, in the interest of the Camp as well as of the members of the Society generally, to correctly formulate all reports. There is no statement called for by the Head Clerk in any report that is not essential to the interests of the Society, and absolutely necessary in maintaining an accurate system of accounting with the Camp at the Head Office.

Fraternally yours,

 Head Clerk, M. W. of A.

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 272

Levied for March, 1912

Due Head Office on or before April 18, 1912

Camp No. 8750

Boone Grove, Ind.

Please Fill in Camp Location and State

MEMBERS	AMOUNT
48	39.40
Arrears for 2 Neighbors reinstated	1.00
Benefit short last report	
Total benefits due	80.40

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 280).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned \$

Per Capita \$ Credit Slip No. \$

Supplies \$

Certificate Fees \$ Cash \$

Shortage Charged \$

Benefit \$

Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

Admitted by Card from Other Camps.—Sec. 82

First Liable for Assessment No. 243

Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership.—Sec. 75-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Transferred from Social to Beneficial Membership.—Sec. 75-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Withdrawn by Card—80-82

State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Give Exact Date of Delivery of Benefit Certificate

Adoptions in first liable Asst. No.

Adoptions in first liable Asst. No.

Date of Adoption and delivery of Certificate held to be identical.

Head Clerk

NOTE CAMPERS: Sec. 25. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which last assessment became payable to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 26.

NAME	No. of B. C.	Rate	Cert. Del. When?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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12.			
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27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			

Neighbors Deceased.—Secs. 60-65

Last Paying Assessment No.

Item 1	NAME	Rate	Last Paid	Date of Death
1.				
2.				
3.				
4.				

Transferred from Beneficial to Social Membership.—Sec. 73

Last Paying Assessment No.

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					
4.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

CHANGE IN RATE, ACCT. Increase of Insurance.—Sec. 41
Decrease of Insurance.—Sec. 42
Increase Rate Acct. Sec. 43
Correction of Error in Rate

Item 5	NAME	Amount	Rate	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	Wm. Hildreth	50	1323012	4/12
2.	Chas. Herron	50	1623224	4/12
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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16.				
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22.				
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24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months.—Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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10.				
11.				
12.				
13.				
14.				
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16.				
17.				
18.				
19.				
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21.				
22.				
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25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

CANDIDATES REJECTED

Item 1	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 29

Item 3	NAME	DATE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 5	NAME	Amount	Rate	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Report only those Neighbors Who are Suspended from the Non-Payment of Assessment No. 272.—Sec. 53

Item 1	NAME	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (IF FREE DELIVERY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	Chas. Herron	50	1247207	Valparaiso Ind. P.O. # 7	
2.	G. C. Edinger	1/25	1726283	Valparaiso " " # 3	
3.	H. Rompfeld	50	1638170	Valparaiso " " # 7	
4.	B. J. Jones	50	1644318	" " # 7	
5.	G. W. Herron	1.00	1638171	Portia " " # 7	
6.		3.75			
7.	A. J. Carbon	1.50	747625	Valparaiso " " # 3	
8.		8.45			
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
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26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered	If so, When?	Date Engaging in Liquor Traffic
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			
5.			
6.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			
4.			
5.			
6.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Arrears Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			

Combined Membership and Financial Statement

Item	With but one rate each for—	Members	Amount
1.	Total membership required for last report (Item 1)	52	43.95
2.	If for new Camp, Neighbors first liable (names page 2).		
3.	Neighbors adopted since last report, now liable (names page 2).	2	1.00
4.	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, one rate for each, amounting to—)		
5.	Acct. reinstatement (Item 5, page 3)		
6.	Acct. change occupation (Item 4, page 5)		
7.	Acct. error in rate (Item 5, page 3)		
Totals		54	44.95
8.	DEDUCTIONS		
9.	Neighbors suspended for non-payment of this assessment (names page 6)	6	5.95
10.	Neighbors withdrawn by card (Item 3, page 4)		
11.	Deceased Neighbors (Item 1, page 3)		
12.	Neighbors transferred from Beneficial to Social membership (Item 2, page 3)		
13.	Neighbors expelled (names Item 3, page 3)		
14.	Under Chapter II and Sec. 290-292 (Item 2, page 4)		
15.	Decrease of Certificate of occupation		
16.	Error in rate		
Total Deductions		6	5.95
Total membership in good standing		34	40.00
Benefit arrears—Neighbors reinstated (Item 34)		1	1.00
Benefit short last report			
Total Benefit due			40.40

Be sure and report AT ONCE all changes in offices of Council, Clerk, Banker, and Board of Managers, giving names and addresses of new officers elected

State of Ind.

Boone Grove

Neighbor C. W. HAWES, Head Clerk, M. W. of A.

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-Laws of the Society.

Enclosed please find \$40.40 total amount due on this report.

Please place receipt in proper credit and confirm receipt.

Attest:

State of Ind.

Boone Grove

Street, City of Boone Grove, Province, Ind.

Eater number of members (all) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in Item 5, page 10.					
No. Mems.	Rate	Amt. this Assessment	No. Mems.	Rate	Amt. this Assessment
	For'd.				
8	25		8	2.25	18.00
				2.30	18.40
				2.35	18.80
				2.40	19.20
				2.45	19.60
				2.50	20.00
10	50		10	2.55	25.50
3	55		3	2.60	7.80
3	60		3	2.65	7.95
2	65		2	2.70	5.40
2	70		2	2.75	5.50
2	75		2	2.80	5.60
2	80		2	2.85	5.70
1	85		1	2.90	2.90
1	90		1	2.95	2.95
1	95		1	3.00	3.00
2	1.00		2	3.05	6.10
1	1.10		1	3.10	3.10
1	1.15		1	3.15	3.15
1	1.20		1	3.20	3.20
1	1.25		1	3.25	3.25
1	1.30		1	3.30	3.30
2	1.40		2	3.40	6.80
2	1.50		2	3.50	7.00
2	1.60		2	3.60	7.20
1	1.70		1	3.70	3.70
1	1.80		1	3.80	3.80
1	1.90		1	3.90	3.90
1	2.00		1	4.00	4.00
1	2.10		1	4.10	4.10
1	2.20		1	4.20	4.20
18	39.70				
*Rates not indicated above to be entered by Camp Clerk on blank lines					

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 276

Levied for July 12, 1912

Due Head Office on or before Aug. 18, 1912

Camp No. 8758

Boone Grove, Ind.

Give Exact Date of Delivery of Benefit Certificate

Neighbors Reinstated

Neighbors Deceased

Candidates Rejected

Transferred from Beneficial to Social

Transferred from Social to Beneficial

Neighbors Expelled by Camp Trial

Change in Rate - Acct. Hazardous Occupation

Withdrawn by Card

CHANGE IN RATE, ACCT.

Beneficial Members Reinstated

Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. 276... Sec. 53

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

MONTHLY REPORT OF SOCIAL MEMBERSHIP

Combined Membership and Financial Statement

DEDUCTIONS

Decedent (Social)

Suspended or Expelled (Social)

Social Members Reinstated

Rate Summary

Admitted by Card from Other Camps - Sec. 82

Neighbors Deceased - Secs. 60-65

Candidates Rejected

Transferred from Beneficial to Social

Transferred from Social to Beneficial

Neighbors Expelled by Camp Trial - Chapter XLVII

Change in Rate - Acct. Hazardous Occupation

Withdrawn by Card - Sec. 82

CHANGE IN RATE, ACCT.

Beneficial Members Reinstated

MONTHLY REPORT OF SOCIAL MEMBERSHIP

Combined Membership and Financial Statement

DEDUCTIONS

Decedent (Social)

Suspended or Expelled (Social)

Social Members Reinstated

Rate Summary

PASS REPORT

Assessment No. 277

Levied for Aug. 1912

Due Head Office on or before Sept. 18, 1912.

Camp No. 8750

Boone, Iowa, Iowa, Ind.

Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	41 \$ 33.15
Arrears for 3 Neighbors reinstated	1.70
Benefit short last report	
Total benefit due	33.85

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit	\$	Returned—
Per Capita		Credit Slip \$
Supplies		No.
Certificate Fees		Cash \$

Shortage { Benefit, \$
Charged { Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

Admitted by Card from Other Camps—Sec. 82
First Liable for Assessment No. 243
Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Transferred from Social to Beneficial Membership—Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Withdrawn by Card—80-82
State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Give Exact Date of Delivery of Certificate

Notice { Adoptions in first Liable Asst. No.

{ Adoptions in first Liable Asst. No.

"Date of Adoption and delivery of Certificate held to be identical"—Head Consul.

NOTE: CANCELLATION. Sec. 85. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate for payment of the assessment current at date of delivery of his Certificate.

17 of new Camp, enter name of members adopted on date of organization, all being liable—Sec. 85.

NAME No. of B. C. Rate

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

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21

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23

24

25

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29

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31

32

33

34

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

1 Wm. Kilduth 80/323072 1/12

2 A. H. Edwards 70/133162 8/1/12

3 Jno. Dye 80/1250814 8/1/12

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REPORT SOCIAL MEMBERSHIP ON PAGE 3
PASS REPORT
Assessment No. 278
Levied for Sept. 13, 1912
Due Head Office on or before Oct. 18, 1912
Camp No. 8750
Boris Sura, State of Indiana
Please Fill in Camp Location and State
Total Membership this Report 42 35 30
Arrears for 7 Neighbors reinstated 6 40
Benefit short last report
Total benefit due 41 70
DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).
Memoranda for Head Clerk
Camp Clerks will leave blank space below for Head Office
Draft or Money Order, \$ Credit Slip, \$
Benefit \$ Returned Credit Slip \$
Per Capita \$ No. \$
Supplies \$ Cash \$
Certificate Fees \$
Shortage { Benefit, \$
Charged { Per Capita, \$
Audited by Date
Daily Report Number and Date Received
Date returned
Date re-received

Admitted by Card from Other Camps—Sec. 82
First Lieble for Assessment No. 243
Give Number of Former Camp
Item 1 NAME From Camp No. Rate First Liability Date Admitted
1
2
3
4
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11
Transferred from Social to Beneficial Membership—Secs. 78-79
Item 2 NAME Rate No. of B. C. Date of B. C.
1
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11
Withdrawn by Card—Sec. 80-82
State Number of Last Assessment Paid Your Camp
Item 3 NAME No. of B. C. Rate Last Paid Date of Card
1
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Give Exact Date of Delivery of Benefit Certificate
Notice { Adoptions in first lieble Asst. No.
Adoptions in first lieble Asst. No.
"Rate of Adoption and Delivery of Certificate held to be identical."—Head Consul.
NOTE: CARPENTERS' Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 35.
NAME No. of B. C. Rate
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Neighbors Deceased—Secs. 60-65
Last Paying Assessment No.
Item 1 NAME Rate Last Paid Date of Death
1
2
3
4
Transferred from Beneficial to Social Membership—Sec. 73
Last Paying Assessment No.
Item 2 NAME No. of B. C. Rate Last Paid Date Transferred
1
2
3
4
Neighbors Expelled by Camp Trial—Chapter XLVII
Item 3 NAME No. of B. C. Rate Last Paid Date Expelled
1
2
3
4
Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19
Item 4 NAME No. of B. C. Old Rate New Rate Date Issued
1
2
3
4
CHANGE IN RATE, ACCT.
Item 5 NAME Amount Rate Date
1
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ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.
Neighbors Reinstated
Within sixty (60) days from date of suspension—Sec. 56
Item 1 NAME Rate No. of B. C. Date Reinstated
1 AG Carlson 150 957695
2 John Kelly 120 357388
3 G. D. Riley 70 224088
4 B. B. Kline 130 821829
5
6
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Neighbors Reinstated
Suspended more than sixty (60) days, but less than six (6) months—Sec. 57
Application for reinstatement must be approved before six months period expires.
Item 2 NAME Old Rate New Rate Date of Reinstatement
1
2
3
4
5

CANDIDATES REJECTED
NAME How Rejected Date
1
2
3
4
Beneficial Social Membership
Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 29
NAME DATE
1
2
3
4
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14
15
Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report
NAME \$
1
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11

Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53
NAME Rate No. of B. C. LAST KNOWN P. O. ADDRESS STREET AND NUMBER (IF FREE DELIVERY)
1 R. A. Brown 55 1301306 Valparaiso Ind. R.R. # 3
2 J. H. Kelly 65 1222877 Crosby Minn.
3 Geo. Phillips 55 1271212 Valparaiso Ind. R.R. # 7
4
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Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III, and Secs. 290-292
Item 2 NAME Rate No. of B. C. No. Asst. Refused Why Suspended Was Assessment Tendered? If so, When? Date Engaging in Liquor Traffic
1
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MONTHLY REPORT OF SOCIAL MEMBERSHIP
(Report here only Social Membership Changes for the Month)
Adopted as Social Members Since Last Report (69-71)
Item 1 NAME Date
1
2
3
4
5
6
Admitted by Transfer Card (Social)
Item 2 NAME From Camp No. Date
1
2
3
4
Withdrawn by Card (Social)
Item 3 NAME Date
1
2
3
4
Deceased (Social)
Item 4 NAME Date
1
2
3
4
Suspended or Expelled (Social)
Item 5 NAME Suspended Date Expelled Date
1
2
3
4
Social Members Reinstated
Per Capita Arrears Herewith
Item 6 NAME Amt. Paid Date Paid
1
2
3
4
5
6
7
8
9
10
11
12
Combined Membership and Financial Statement
Item With but one rate each for— Members Amount
1 Total membership remitted for last report (Item 15) 277 41 32 15
2 If for new Camp, Neighbors first liable (names page 2) 4 490
3 Neighbors adopted since last report, now liable (names page 2) 4 490
4 Neighbors reinstated within sixty days from date suspension (names Item 1, page 3, one rate for each, amounting to—)
5 Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3) 4 490
6 Admitted by card (names Item 1, page 6)
7 Transferred from Social to Beneficial membership (names Item 3, page 6)
8 Acc't. reinstatement (Item 5, page 2)
9 Increase of certificate (Item 5, page 5)
10 Acc't. change occupation (Item 4, page 3)
11 Acc't. error in rate (Item 5, page 7)
Totals 44 327 05
DEDUCTIONS
8 Neighbors suspended for non-payment of this as a social (names page 6) 3 175
9 Neighbors withdrawn by card (Item 3, page 4)
10 Deceased Neighbors (Item 1, page 3)
11 Neighbors transferred from Beneficial to Social membership (Item 2, page 5)
12 Neighbors expelled (names Item 3, page 5)
13 Under Chapter III and Sec. 290-292 (Item 2, page 6)
14 Decrease or Cert. Change of occupation Error in rate
Total Deductions 3 175
Total membership in good standing 42 35 30
Benefit arrears (Neighbors reinstated (Item 3-4)) 6 40
Benefit short last report
Total Benefit due 41 70

Be sure and report AT ONCE all changes in office of Consul, Clerk, Banker, and Board of Managers, giving name and address of officers elected
Neighbor C. W. HAWES, Head Clerk, M. W. of A.
We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750, as shown by the books of the Camp, and rendered in accordance with the By-Laws of the Society.
Enclosed please find \$41.70 total amount due on this report.
Please place stamp to proper credit and confirm receipt.
Attest:
Boris Sura, State of Indiana
Clerk
Street, City of Rock Island, Illinois
Stamp: ROCK ISLAND, ILL. OCT 19 1912

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 278

Levied for Sept. 13, 1912

Due Head Office on or before Oct. 18, 1912

Camp No. 8750

Bornie Green, State of Ill.

Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	42
Arrears for 4 Neighbors reinstated	6.70
Benefit short last report	
Total benefit due	41.70

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 280).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned Credit Slip No. \$

Per Capita \$

Supplies \$

Certificate Fee \$ Cash \$

Shortage Charged Benefit, \$ Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

Give Exact Date of Delivery of Benefit Certificate

Adoptions in first liable Asst. No.

Adoptions in first liable Asst. No.

Date of Adoption and delivery of Certificate held to be identical - Head Counsel

NOTE CAREFULLY: Sec. 53. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable. If a new Camp, enter name of members submitted on date of organization, all being liable - Sec. 56.

NAME	No. of B. C.	Rate	Cert. Del. When?
1.			
2.			
3.			
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35.			

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension - Sec. 60

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	Ad. Crabon	1.00	257698	7/12/12
2.	John Kelly	1.20	261388	8/12/12
3.	W. D. Kelly	1.00	272408	9/12/12
4.	B. B. Albene	1.20	281822	10/12/12
5.				
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Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months - Sec. 67

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	No. Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FURNISHED)
1.	R. A. Brown	55	1301306	Valparaiso Ind	R.R. # 2
2.	W. D. Kelly	65	1823877	Valparaiso Ind	R.R. # 1
3.	Geo. Phillips	55	1247212	Valparaiso Ind	R.R. # 1
4.		775			
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7.					
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31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When?	Date Regarding in Liquor Traffic
1.								
2.								
3.								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Assessm't	No. Mbrs.	Rate	Assessm't	No. Mbrs.	Rate	Assessm't
1.	For'd	2.25	1.	2.50	2.50	1.	2.75	2.75
2.	2.25	2.25	2.	2.50	5.00	2.	2.75	5.50
3.	2.25	2.25	3.	2.50	7.50	3.	2.75	8.25
4.	2.25	2.25	4.	2.50	10.00	4.	2.75	11.00
5.	2.25	2.25	5.	2.50	12.50	5.	2.75	13.75
6.	2.25	2.25	6.	2.50	15.00	6.	2.75	16.50
7.	2.25	2.25	7.	2.50	17.50	7.	2.75	19.25
8.	2.25	2.25	8.	2.50	20.00	8.	2.75	22.00
9.	2.25	2.25	9.	2.50	22.50	9.	2.75	25.25
10.	2.25	2.25	10.	2.50	25.00	10.	2.75	28.50
11.	2.25	2.25	11.	2.50	27.50	11.	2.75	31.75
12.	2.25	2.25	12.	2.50	30.00	12.	2.75	35.00
13.	2.25	2.25	13.	2.50	32.50	13.	2.75	38.25
14.	2.25	2.25	14.	2.50	35.00	14.	2.75	41.50
15.	2.25	2.25	15.	2.50	37.50	15.	2.75	44.75
16.	2.25	2.25	16.	2.50	40.00	16.	2.75	48.00
17.	2.25	2.25	17.	2.50	42.50	17.	2.75	51.25
18.	2.25	2.25	18.	2.50	45.00	18.	2.75	54.50
19.	2.25	2.25	19.	2.50	47.50	19.	2.75	57.75
20.	2.25	2.25	20.	2.50	50.00	20.	2.75	61.00
21.	2.25	2.25	21.	2.50	52.50	21.	2.75	64.25
22.	2.25	2.25	22.	2.50	55.00	22.	2.75	67.50
23.	2.25	2.25	23.	2.50	57.50	23.	2.75	70.75
24.	2.25	2.25	24.	2.50	60.00	24.	2.75	74.00
25.	2.25	2.25	25.	2.50	62.50	25.	2.75	77.25
26.	2.25	2.25	26.	2.50	65.00	26.	2.75	80.50
27.	2.25	2.25	27.	2.50	67.50	27.	2.75	83.75
28.	2.25	2.25	28.	2.50	70.00	28.	2.75	87.00
29.	2.25	2.25	29.	2.50	72.50	29.	2.75	90.25
30.	2.25	2.25	30.	2.50	75.00	30.	2.75	93.50
31.	2.25	2.25	31.	2.50	77.50	31.	2.75	96.75
32.	2.25	2.25	32.	2.50	80.00	32.	2.75	100.00

*Rates not indicated above to be entered by Camp Clerk on blank lines

Admitted by Card from Other Camps - Sec. 82

First Liable for Assessment No. 243

Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Beneficial to Social Membership - Sec. 73

Last Paying Assessment No.

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Transferred
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership - Secs. 78-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Change in Rate - Acct. Hazardous Occupation - Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Withdrawn by Card - 80-82

State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased - Secs. 60-65

Last Paying Assessment No.

Item 1	NAME	Rate	Last Paid	Date of Death
1.				
2.				
3.				
4.				

Transferred from Beneficial to Social Membership - Sec. 73

Last Paying Assessment No.

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Transferred
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Expelled by Camp Trial - Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Change in Rate - Acct. Hazardous Occupation - Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

CHANGE IN RATE, ACCT. Increase of Insurance - Sec. 41

Decrease of Insurance - Sec. 44

Increase Rate Acct. Sec. 45

Correction of Error in Rate

Item 5	NAME	Amount	Rate	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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9.				
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11.				

CANDIDATES REJECTED

Item 1	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate - Sec. 29

Item 1	NAME	DATE
1.		
2.		
3.		
4.		
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15.		

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 1	NAME	\$
1.		
2.		
3.		
4.		
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11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			

PASS REPORT

Assessment No. **282**
 Levied for Jan, 1913
 Due Head Office on or before Feb. 18, 1913
 Camp No. **875-0**
State } Ind.
Province }

Please Fill in Camp Location and State

 Total Membership this Report 44 \$ 34.70
 Arrears for 4 Neighbors reinstated 3.95
 Benefit short last report

Benefit short last report

 Total benefit due 58.65
 DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER,
 M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned—

Per Capita Credit Slip

Supplies No. \$

Certificate Fee Cash \$

Shortage Benefit, \$

Charged Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date received

Adoptions in first liable Ass. No.

Notice of Adoption and delivery of Certificate held to be identical—Head Consul.

NORTH CAROLINA: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate.

First day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable.

If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 36.

NAME No. of B. C. Rate

1. F. D. R. O'Leary 38 1.24 7.28 12-132. E. Smith 148 8.24 9.47 12-133. Chas. Brown 62 18.22 3.92 12-134. H. H. H. H. H. 72 16.44 9.10 12-135. H. H. H. H. H. 72 16.44 9.10 12-136. H. H. H. H. H. 72 16.44 9.10 12-137. H. H. H. H. H. 72 16.44 9.10 12-138. H. H. H. H. H. 72 16.44 9.10 12-139. H. H. H. H. H. 72 16.44 9.10 12-1310. H. H. H. H. H. 72 16.44 9.10 12-1311. H. H. H. H. H. 72 16.44 9.10 12-1312. H. H. H. H. H. 72 16.44 9.10 12-1313. H. H. H. H. H. 72 16.44 9.10 12-1314. H. H. H. H. H. 72 16.44 9.10 12-1315. H. H. H. H. H. 72 16.44 9.10 12-1316. H. H. H. H. H. 72 16.44 9.10 12-1317. H. H. H. H. H. 72 16.44 9.10 12-1318. H. H. H. H. H. 72 16.44 9.10 12-1319. H. H. H. H. H. 72 16.44 9.10 12-1320. H. H. H. H. H. 72 16.44 9.10 12-1321. H. H. H. H. H. 72 16.44 9.10 12-1322. H. H. H. H. H. 72 16.44 9.10 12-1323. H. H. H. H. H. 72 16.44 9.10 12-1324. H. H. H. H. H. 72 16.44 9.10 12-1325. H. H. H. H. H. 72 16.44 9.10 12-1326. H. H. H. H. H. 72 16.44 9.10 12-1327. H. H. H. H. H. 72 16.44 9.10 12-1328. H. H. H. H. H. 72 16.44 9.10 12-1329. H. H. H. H. H. 72 16.44 9.10 12-1330. H. H. H. H. H. 72 16.44 9.10 12-1331. H. H. H. H. H. 72 16.44 9.10 12-1332. H. H. H. H. H. 72 16.44 9.10 12-1333. H. H. H. H. H. 72 16.44 9.10 12-1334. H. H. H. H. H. 72 16.44 9.10 12-1335. H. H. H. H. H. 72 16.44 9.10 12-1336. H. H. H. H. H. 72 16.44 9.10 12-1337. H. H. H. H. H. 72 16.44 9.10 12-1338. H. H. H. H. H. 72 16.44 9.10 12-1339. H. H. H. H. H. 72 16.44 9.10 12-1340. H. H. H. H. H. 72 16.44 9.10 12-1341. H. H. H. H. H. 72 16.44 9.10 12-1342. H. H. H. H. H. 72 16.44 9.10 12-1343. H. H. H. H. H. 72 16.44 9.10 12-1344. H. H. H. H. H. 72 16.44 9.10 12-1345. H. H. H. H. H. 72 16.44 9.10 12-1346. H. H. H. H. H. 72 16.44 9.10 12-1347. H. H. H. H. H. 72 16.44 9.10 12-1348. H. H. H. H. H. 72 16.44 9.10 12-1349. H. H. H. H. H. 72 16.44 9.10 12-1350. H. H. H. H. H. 72 16.44 9.10 12-1351. H. H. H. H. H. 72 16.44 9.10 12-1352. H. H. H. H. H. 72 16.44 9.10 12-1353. H. H. H. H. H. 72 16.44 9.10 12-1354. H. H. H. H. H. 72 16.44 9.10 12-1355. H. H. H. H. H. 72 16.44 9.10 12-1356. H. H. H. H. H. 72 16.44 9.10 12-1357. H. H. H. H. H. 72 16.44 9.10 12-1358. H. H. H. H. H. 72 16.44 9.10 12-1359. H. H. H. H. H. 72 16.44 9.10 12-1360. H. H. H. H. H. 72 16.44 9.10 12-1361. H. H. H. H. H. 72 16.44 9.10 12-1362. H. H. H. H. H. 72 16.44 9.10 12-1363. H. H. H. H. H. 72 16.44 9.10 12-1364. H. H. H. H. H. 72 16.44 9.10 12-1365. H. H. H. H. H. 72 16.44 9.10 12-1366. H. H. H. H. H. 72 16.44 9.10 12-1367. H. H. H. H. H. 72 16.44 9.10 12-1368. H. H. H. H. H. 72 16.44 9.10 12-1369. H. H. H. H. H. 72 16.44 9.10 12-1370. H. H. H. H. H. 72 16.44 9.10 12-1371. H. H. H. H. H. 72 16.44 9.10 12-1372. H. H. H. H. H. 72 16.44 9.10 12-1373. H. H. H. H. H. 72 16.44 9.10 12-1374. H. H. H. H. H. 72 16.44 9.10 12-1375. H. H. H. H. H. 72 16.44 9.10 12-1376. H. H. H. H. H. 72 16.44 9.10 12-1377. H. H. H. H. H. 72 16.44 9.10 12-1378. H. H. H. H. H. 72 16.44 9.10 12-1379. H. H. H. H. H. 72 16.44 9.10 12-1380. H. H. H. H. H. 72 16.44 9.10 12-13

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 50

Item 1 NAME Rate No. of B. C. Date Reinstated

1. F. D. R. O'Leary 38 1.24 7.28 12-132. E. Smith 148 8.24 9.47 12-133. Chas. Brown 62 18.22 3.92 12-134. H. H. H. H. H. 72 16.44 9.10 12-135. H. H. H. H. H. 72 16.44 9.10 12-136. H. H. H. H. H. 72 16.44 9.10 12-137. H. H. H. H. H. 72 16.44 9.10 12-138. H. H. H. H. H. 72 16.44 9.10 12-139. H. H. H. H. H. 72 16.44 9.10 12-1310. H. H. H. H. H. 72 16.44 9.10 12-1311. H. H. H. H. H. 72 16.44 9.10 12-1312. H. H. H. H. H. 72 16.44 9.10 12-1313. H. H. H. H. H. 72 16.44 9.10 12-1314. H. H. H. H. H. 72 16.44 9.10 12-1315. H. H. H. H. H. 72 16.44 9.10 12-1316. H. H. H. H. H. 72 16.44 9.10 12-1317. H. H. H. H. H. 72 16.44 9.10 12-1318. H. H. H. H. H. 72 16.44 9.10 12-1319. H. H. H. H. H. 72 16.44 9.10 12-1320. H. H. H. H. H. 72 16.44 9.10 12-1321. H. H. H. H. H. 72 16.44 9.10 12-1322. H. H. H. H. H. 72 16.44 9.10 12-1323. H. H. H. H. H. 72 16.44 9.10 12-1324. H. H. H. H. H. 72 16.44 9.10 12-1325. H. H. H. H. H. 72 16.44 9.10 12-1326. H. H. H. H. H. 72 16.44 9.10 12-1327. H. H. H. H. H. 72 16.44 9.10 12-1328. H. H. H. H. H. 72 16.44 9.10 12-1329. H. H. H. H. H. 72 16.44 9.10 12-1330. H. H. H. H. H. 72 16.44 9.10 12-1331. H. H. H. H. H. 72 16.44 9.10 12-1332. H. H. H. H. H. 72 16.44 9.10 12-1333. H. H. H. H. H. 72 16.44 9.10 12-1334. H. H. H. H. H. 72 16.44 9.10 12-1335. H. H. H. H. H. 72 16.44 9.10 12-1336. H. H. H. H. H. 72 16.44 9.10 12-1337. H. H. H. H. H. 72 16.44 9.10 12-1338. H. H. H. H. H. 72 16.44 9.10 12-1339. H. H. H. H. H. 72 16.44 9.10 12-1340. H. H. H. H. H. 72 16.44 9.10 12-1341. H. H. H. H. H. 72 16.44 9.10 12-1342. H. H. H. H. H. 72 16.44 9.10 12-1343. H. H. H. H. H. 72 16.44 9.10 12-1344. H. H. H. H. H. 72 16.44 9.10 12-1345. H. H. H. H. H. 72 16.44 9.10 12-1346. H. H. H. H. H. 72 16.44 9.10 12-1347. H. H. H. H. H. 72 16.44 9.10 12-1348. H. H. H. H. H. 72 16.44 9.10 12-13

PASS REPORT

Assessment No. 283

Levied for Feb. 1913

Due Head Office on or before Mar. 18, 1913

Camp No. 5730

State } Ind
Province }

Please Fill in Camp Location and State

MEMBERS	AMOUNT
40	\$31.68

Total Membership this Report

Arrears for..... Neighbors reinstated

Benefit short last report

Total benefit due 31.68

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A. ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$..... Credit Slip, \$.....

Benefit	Returned
Per Capita	Credit Slip
Supplies	No.
Certificate Fees	Cash

Shortage	Benefit
Charged	Per Capita

Audited by..... Date.....

Daily Report Number and Date Received

Date returned

Date re-received

Give Exact Date of Delivery of Benefit Certificate

Adoptions in..... first liable Asst. No.....

Adoptions in..... first liable Asst. No.....

Date of Adoption and delivery of Certificate held to be

Identical..... Head Clerk

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 35.

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If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 35.

If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 35.

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

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Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. 283. Sec. 53

NAME Rate No. of B. C. LAST KNOWN P. O. ADDRESS STREET AND NUMBER

(WRITE PLAINLY) (PLEASE SUPPLY) (OF P. O. DELIVERY)

1 R. A. Brown 5.8 1301306 Valparaiso, Ind. R. R. # 2

2 G. J. Paddock 5.0 1321248 Huntington, Ind. 5.23 Henry St.

3 G. Phillips 5.8 1247209 Valparaiso, Ind. R. R. # 7

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Rate Summary

Enter number of members (not in good standing paying each rate opposite name, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in item 15, page 10.

No. Rate Amt. this Assesment No. Rate Amt. this Assesment No. Rate Amt. this Assesment No. Rate Amt. this Assesment

11 1.05 5.58 For'd. 2.25 2.30 2.35 2.40 2.45 2.50 2.55 2.60 2.65 2.70 2.75 2.80 2.85 2.90 2.95 3.00 3.05 3.10 3.15 3.20 3.25 3.30 3.35 3.40 3.45 3.50 3.55 3.60 3.65 3.70 3.75 3.80 3.85 3.90 3.95 4.00 4.05 4.10 4.15 4.20</

PASS REPORT

Assessment No. 283
 Levied for Feb., 1918
 Due Head Office on or before Mar. 18, 19 13
 Camp No. 8730

State Ind
 Please Fill in Camp Location and State

MEMBERS	AMOUNT
Total Membership this Report	<u>40</u> \$ <u>31.68</u>
Arrears for..... Neighbors reinstated	
Benefit short last report	
Total benefit due	<u>31.68</u>

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, N. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk
 Camp Clerks will leave blank space below for Head Office
 Draft or Money Order, \$..... Credit Slip, \$.....

Benefit.....	Returned—
Per Capita.....	Credit Slip
Supplies.....	No.....
Certificate Fees.....	Cash.....

Shortage Charged { Benefit, \$.....
 Per Capita, \$.....

Audited by..... Date.....

Daily Report Number and Date Received

Date returned.....
 Date re-received.....

Notice (Adoptions in..... first liable Asst. No.....)
 (Adoptions in..... first liable Asst. No.....)
 Date of Adoption and delivery of Certificate held to be identical..... Head Clerk.

NOTE CAREFULLY: Sec. 25. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable.
 If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 26.

NAME	No. of B. C.	Rate	Cert. Del. When?
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Neighbors Reinstated
 Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
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Neighbors Reinstated
 Suspended more than sixty (60) days, but less than six (6) months.—Sec. 57
 Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.....				
2.....				
3.....				
4.....				
5.....				

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (OF PLACE DELIVERY)
1.....	<u>R. A. Brown</u>	<u>5.8</u>	<u>1301306</u>	<u>Valparaiso, Ind.</u>	<u>R. R. #2</u>
2.....	<u>A. J. Paddock</u>	<u>8.0</u>	<u>1321258</u>	<u>Huntington, Ind.</u>	<u>523 Henry St.</u>
3.....	<u>G. L. Phillips</u>	<u>5.8</u>	<u>1247209</u>	<u>Valparaiso, Ind.</u>	<u>R. R. #7</u>
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Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When?	Date Engaging in Liquor Traffic
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No. Mbrs.	Rate	Am't. this Asses'm't	No. Mbrs.	Rate	Am't. this Asses'm't	No. Mbrs.	Rate	Am't. this Asses'm't
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12.....			22.....			32.....		
13.....			23.....					
14.....			24.....					
15.....			25.....					
16.....			26.....					
17.....			27.....					
18.....			28.....					
19.....			29.....					
20.....			30.....					
21.....			31.....					
22.....			32.....					
23.....								
24.....								
25.....								
26.....								
27.....								
28.....								
29.....								
30.....								
31.....								
32.....								

Admitted by Card from Other Camps.—Sec. 82
 First Liable for Assessment No. 243
 Give Number of Former Camp

Item 1	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.....					
2.....					
3.....					
4.....					
5.....					
6.....					
7.....					
8.....					
9.....					
10.....					
11.....					

Transferred from Social to Beneficial Membership.—Secs. 73-79

Item 2	NAME	Rate	No. of B. C.	Date of B. C.
1.....				
2.....				
3.....				
4.....				
5.....				
6.....				
7.....				
8.....				
9.....				
10.....				
11.....				

Withdrawn by Card—80-82
 State Number of Last Assessment Paid Your Camp

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.....					
2.....					
3.....					
4.....					
5.....					
6.....					
7.....					
8.....					
9.....					
10.....					
11.....					

Neighbors Deceased.—Secs. 60-65
 Last Paying Assessment No.

Item 1	NAME	Rate	Last Paid	Date of Death
1.....				
2.....				
3.....				
4.....				

Transferred from Beneficial to Social Membership.—Sec. 73
 Last Paying Assessment No.

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.....					
2.....					
3.....					
4.....					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.....					
2.....					
3.....					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.....					
2.....					
3.....					
4.....					

CHANGE IN RATE, ACCT. Increase of Insurance—Sec. 41
 Decrease of Insurance—Sec. 42
 Increase Rate Acct. Sec. 37
 Correction of Error in Rate

Item 5	NAME	Amount	Rate	Date
1.....				
2.....				
3.....				
4.....				
5.....				
6.....				
7.....				
8.....				
9.....				
10.....				
11.....				

CANDIDATES REJECTED

Item 1	NAME	How Rejected	Date
1.....			
2.....			
3.....			
4.....			

Beneficial Social Membership
 Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate—Sec. 29

Item 1	NAME	DATE
1.....		
2.....		
3.....		
4.....		
5.....		
6.....		
7.....		
8.....		
9.....		
10.....		
11.....		
12.....		
13.....		
14.....		
15.....		

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

Item 1	NAME	\$
1.....		
2.....		
3.....		
4.....		
5.....		
6.....		
7.....		
8.....		
9.....		
10.....		
11.....		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)
 Adopted as Social Members Since Last Report (69-71)

Item 1	NAME	Date
1.....		
2.....		
3.....		
4.....		
5.....		
6.....		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp
--------	------	-----------

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 284

Levied for March, 1913

Due Head Office on or before April 18, 1913

Camp No. 5750

Boone Grove, State Ind

Please fill in Camp Location and State

MEMBERS AMOUNT

Total Membership this Report 46 \$81.65

Arrears for... Neighbors reinstated 7.55

Benefit short last report 39.20

Overpaid last report 1.43

Total benefit due 38.75

DRAW ALL REMITTANCES PAYABLE TO "HEAD BAKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$... Credit Slip, \$...

Benefit \$... Returned... Credit Slip No. \$...

Supplies \$... Cash \$...

Certificate Fees \$...

Shortage Charged \$...

Audited by... Date...

Daily Report Number and Date Received

Date returned

Date re-received

Give Exact Date of Delivery of Certificate

Notice

Adoptions in... first liable Asst. No.

Adoptions in... first liable Asst. No.

Date of Adoption and delivery of Certificate held to be identical. Head Clerk.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 36.

NAME No. of B. C. Rate

1. Frank Milley 60/633747 3/5/13

2. A. J. Paddock 50/1321256 3/4/13

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

1. Frank Milley 60/633747 3/5/13

2. A. J. Paddock 50/1321256 3/4/13

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months.—Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME Rate No. of B. C. Date Reinstated

1. B. R. Kleine 150 12/1/12

Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. 284. Sec. 53

NAME (WRITE PLAINLY) Rate No. of B. C. LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY) STREET AND NUMBER (IF FREE DELIVERY)

1. Chas. Heuron 50 1322294 Valparaiso Ind

2. A. D. Riley 70 1927078 Hebron Ind R.R. #2

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III, and Secs. 290-292

Item 2 NAME Rate No. of B. C. No. Asst. Refused Why Suspended Was Assessment Tendered? If so, When? Date Engaging in Liquor Traffic

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32.

Rate Summary

Enter number of members (and) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Membership in good standing" shown in item 15, page 10.

No. Mbrs. Rate Amt. this Assesment No. Mbrs. Rate Amt. this Assesment No. Mbrs. Rate Amt. this Assesment

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32.

Admitted by Card from Other Camps.—Sec. 82

First Liable for Assessment No. 243

Give Number of Former Camp

Item 1 NAME From Camp No. Rate First Liability Date Admitted

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Transferred from Beneficial to Social Membership.—Sec. 73

Last Paying Assessment No.

Item 2 NAME No. of B. C. Rate Last Paid Date Transferred

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Neighbors Expelled by Camp Trial.—Chapter XLVII

Item 3 NAME No. of B. C. Rate Last Paid Date Expelled

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Change in Rate.—Acct. Hazardous Occupation.—Secs. 16-18-19

Item 4 NAME No. of B. C. Old Rate New Rate Date Issued

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Withdrawn by Card.—80-82

State Number of Last Assessment Paid Your Camp

Item 5 NAME No. of B. C. Rate Last Paid Date of Card

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Neighbors Deceased.—Secs. 60-65

Last Paying Assessment No.

Item 1 NAME Rate Last Paid Date Paid Date of Death

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Transferred from Beneficial to Social Membership.—Sec. 73

Last Paying Assessment No.

Item 2 NAME No. of B. C. Rate Last Paid Date Transferred

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Neighbors Expelled by Camp Trial.—Chapter XLVII

Item 3 NAME No. of B. C. Rate Last Paid Date Expelled

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Change in Rate.—Acct. Hazardous Occupation.—Secs. 16-18-19

Item 4 NAME No. of B. C. Old Rate New Rate Date Issued

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Withdrawn by Card.—80-82

State Number of Last Assessment Paid Your Camp

Item 5 NAME No. of B. C. Rate Last Paid Date of Card

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

CANDIDATES REJECTED

NAME How Rejected Date

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Beneficial Certificate.—Sec. 29

NAME DATE

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

NAME

1. B. R. Kleine \$ 62

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

Item 1 NAME Date

1. 2. 3. 4. 5. 6.

Admitted by Transfer Card (Social)

Item 2 NAME From Camp No. Date

1. 2. 3. 4.

Withdrawn by Card (Social)

Item 3 NAME Date

1. 2. 3. 4.

Decased (Social)

Item 4 NAME Date

1. 2. 3. 4.

Suspended or Expelled (Social)

Item 5 NAME Suspended Date Expelled Date

1. 2. 3. 4.

Social Members Reinstated

Per Capita Arrearages Herewith

Item 6 NAME Amt. Paid Date Paid

1. 2. 3. 4. 5. 6. 7.

Combined Membership and Financial Statement

Item With but one rate each for— Members Amount

1. Total membership reported for last report (Item 13) Assessment No. 283 39 30 25

2. If for new Camp, Neighbors first liable (names page 2).....

3. Neighbors adopted since last report; now liable (names page 2).....

4. Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 5, page 3); one rate for each, amounting to.....

5. Admitted by card (names Item 1, page 4).....

6. Transferred from Social to Beneficial membership (names Item 2, page 4).....

7. Acct. reinstatement (Item 5, page 3).....

8. Increase of certificate (Item 5, page 3).....

9. Acct. change occupation (Item 4, page 3).....

10. Acct. error in rate (Item 5, page 3).....

Totals. 42 32 85

DEDUCTIONS

Members Amt.

1. Total membership in good standing 40 31 25

2. Benefit arrears / Neighbors reinstated (Item 3) 7 50

3. Benefit short last report 39 20

4. Acct. change occupation 38 85

Total Deductions 40 31 25

Total membership in good standing 40 31 25

Benefit arrears / Neighbors reinstated (Item 3) 7 50

Benefit short last report 39 20

Acct. change occupation 38 85

Total Benefit due 38 85

Boone Grove, Ind. April 15, 1913

Neighbor C. W. HAWES, Head Clerk, M. W. of A.

We hereby certify that the foregoing is a correct report of the membership in Camp No. 5750, as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find \$ 38.75, total amount due on this report.

Please place same to proper credit and confirm receipt.

Attest:

Clerk, State of Ind.

Street, City of Boone Grove, Ind.

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 285

Levied for April 1913

Due Head Office on or before May 18, 1913

Camp No. 8750

Bonne Rose, State of Ind

Please Fill in Camp Location and State

| MEMBERS | AMOUNT |
|------------------------------------|--------|
| 41 | 32.35 |
| Arrears for 3 Neighbors reinstated | 2.90 |
| Benefit short last report | 1.90 |
| Total benefit due | 37.15 |

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M.W.O.F.A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned Credit Slip No. \$

Per Capita \$

Supplies \$

Certificate Fees \$

Shortage Charged \$

Benefit, \$ Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

Admitted by Card from Other Camps—Sec. 82

First Liabilities for Assessment No. 243

Give Number of Former Camp

| Item 1 | NAME | From Camp No. | Rate | First Liability | Date Admitted |
|--------|------|---------------|------|-----------------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |

Transferred from Social to Beneficial Membership—Secs. 78-79

| Item 2 | NAME | Rate | No. of B. C. | Date of B. C. |
|--------|------|------|--------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |

Withdrawn by Card—80-82

State Number of Last Assessment Paid Your Camp

| Item 3 | NAME | No. of B. C. | Rate | Last Paid | Date of Card |
|--------|------|--------------|------|-----------|--------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |

Give Exact Date of Delivery of Benefit Certificate

Adoptions in first liable Asst. No.

Adoptions in first liable Asst. No.

Date of Adoption and delivery of Certificate held to be identical—Head Consul

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable.

If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 36.

| NAME | No. of B. C. | Rate | Cert. When? |
|------|--------------|------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| 32 | | | |
| 33 | | | |
| 34 | | | |

Neighbors Deceased—Secs. 60-65

Last Paying Assessment No.

| Item 1 | NAME | Rate | Last Paid | Date Paid | Date of Death |
|--------|------|------|-----------|-----------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Transferred from Beneficial to Social Membership—Sec. 73

Last Paying Assessment No.

| Item 2 | NAME | No. of B. C. | Rate | Last Paid | Date Trans. |
|--------|------|--------------|------|-----------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Neighbors Expelled by Camp Trial—Chapter XLVII

| Item 3 | NAME | No. of B. C. | Rate | Last Paid | Date Exp. |
|--------|------|--------------|------|-----------|-----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Change in Rate—Acct. Hazardous Occupation—Secs. 16-19

| Item 4 | NAME | No. of B. C. | Old Rate | New Rate | Date Issued |
|--------|------|--------------|----------|----------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

CHANGE IN RATE, ACCT. Increase of Insurance—Sec. 41 Decrease of Insurance—Sec. 44 Increase Rate Acct. Sup. Sec. 57 Correction of Error in Rate

| Item 5 | NAME | Amount | Rate | Date |
|--------|------|--------|------|------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 56

| Item 1 | NAME | Rate | No. of B. C. | Date Reinstated |
|--------|--------------|------|--------------|-----------------|
| 1 | D. D. Riley | 60 | 124.075 | 5/3 |
| 2 | R. J. Jones | 50 | 124.720 | 5/3 |
| 3 | R. A. Branch | 70 | 124.360 | 5/3 |

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months—Sec. 57

Application for reinstatement must be approved before six months period expires.

| Item 2 | NAME | Old Rate | New Rate | Date of Reinstatement |
|--------|------|----------|----------|-----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

CANDIDATES REJECTED

| Item 1 | NAME | How Rejected | Date |
|--------|------|--------------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Beneficial Social Membership

Report only Applicants for Beneficial Membership who were Adopted or SOCIALS, pending receipt of Benefit Certificate—Sec. 29

| Item 2 | NAME | DATE |
|--------|------|------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Beneficial Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report

| Item 3 | NAME | Amount | Rate | Date |
|--------|------|--------|------|------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |

Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53

| Item 1 | NAME (WRITE PLAINLY) | Rate | No. of B. C. | LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY) | STREET AND NUMBER (IF FREE DELIVERY) |
|--------|----------------------|------|--------------|--|--------------------------------------|
| 1 | Frank Millay | 60 | 1633949 | Valparaiso, Ind | R.R. #7 |
| 2 | R. J. Jones | 50 | 1647308 | Valparaiso, Ind | R.R. #7 |

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

| Item 2 | NAME | Rate | No. of B. C. | No. Asst. Refused | Why Suspended | Was Assessment Tendered? | If so, When? | Date Engaging in Liquor Traffic |
|--------|------|------|--------------|-------------------|---------------|--------------------------|--------------|---------------------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership Changes for the Month)

Adopted as Social Members Since Last Report (69-71)

| Item 1 | NAME | Date |
|--------|------|------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Admitted by Transfer Card (Social)

| Item 2 | NAME | From Camp No. | Date |
|--------|------|---------------|------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Withdrawn by Card (Social)

| Item 3 | NAME | Date |
|--------|------|------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Decedent (Social)

| Item 4 | NAME | Date |
|--------|------|------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Suspended or Expelled (Social)

| Item 5 | NAME | Suspended Date | Expelled Date |
|--------|------|----------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Social Members Reinstated

Per Capita Arrears Herewith

| Item 6 | NAME | Am't. Paid | Date Paid |
|--------|-------------|------------|-----------|
| 1 | Sharon Hall | | |
| 2 | W. E. Jones | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Combined Membership and Financial Statement

| Item | With but one rate each for— | Members | Amount |
|-------------------|---|---------|--------|
| 1 | Total membership remitted for last report (Item 15) | 40 | 31.65 |
| 2 | If for new Camp, Neighbors first liable (names page 2) | | |
| 3 | Neighbors adopted since last report; now liable (names page 2) | 3 | 1.80 |
| 4 | Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, one rate for each, amounting to—) | | |
| 5 | Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)..... | | |
| 6 | Admitted by card (names Item 1, page 4) | | |
| 7 | Transferred from Social to Beneficial membership (names Item 4, page 4) | | |
| 8 | Acct. reinstatement (Item 5, page 5) | | |
| 9 | Increase of certificate (Item 5, page 5) | | |
| 10 | Acct. change occupation (Item 4, page 5) | | |
| 11 | Acct. error in rate (Item 5, page 5) | | |
| Totals | | 43 | 33.45 |
| DEDUCTIONS | | | |
| 1 | Neighbors suspended for non-payment of this assessment (names page 6) | 2 | 1.10 |
| 2 | Neighbors withdrawn by card (Item 3, page 4) | | |
| 3 | Decedent (names Item 4, page 4) | | |
| 4 | Suspended or Expelled (names Item 5, page 4) | | |
| 5 | Under Chapter III and Sec. 290-292 (Item 2, page 6) | | |
| 6 | Decrease or Cert. | | |
| 7 | Change of occupation (names Item 5, page 5) | | |
| 8 | Error in rate | | |
| Total Deduction | | 2 | 1.10 |
| 9 | Total membership in good standing | 41 | 32.35 |
| 10 | Benefit arrears (Neighbors reinstated (Item 3-4) | 2 | 2.90 |
| 11 | Benefit short last report | | 1.90 |
| Total Benefit due | | | 37.15 |

Rate Summary

Enter number of members (net) in good standing paying each rate opposite names, then amount paid by each group of rates. If correct, compute the total number of members and amount paid will agree with "Total Membership in good standing" shown in Item 15, page 20.

| No. Mbrs. | Rate | Am't. this Assessment | No. Mbrs. | Rate | Am't. this Assessment | No. Mbrs. | Rate | Am't. this Assessment |
|-----------|--------|-----------------------|-----------|------|-----------------------|-----------|------|-----------------------|
| 40 | For'd. | \$2.25 | 3 | 60 | \$3.00 | | | |
| 1 | 60 | \$3.00 | 1 | 50 | \$2.50 | | | |
| 1 | 70 | \$2.75 | 2 | 60 | \$3.00 | | | |
| 1 | 80 | \$3.20 | 1 | 70 | \$2.75 | | | |
| 1 | 90 | \$3.45 | 1 | 80 | \$3.20 | | | |
| 1 | 100 | \$3.70 | 1 | 90 | \$3.45 | | | |
| 1 | 110 | \$3.95 | 1 | 100 | \$3.70 | | | |
| 1 | 120 | \$4.20 | 1 | 110 | \$3.95 | | | |
| 1 | 130 | \$4.45 | 1 | 120 | \$4.20 | | | |
| 1 | 140 | \$4.70 | 1 | 130 | \$4.45 | | | |
| 1 | 150 | \$4.95 | 1 | 140 | \$4.70 | | | |
| 1 | 160 | \$5.20 | 1 | 150 | \$4.95 | | | |
| 1 | 170 | \$5.45 | 1 | 160 | \$5.20 | | | |
| 1 | 180 | \$5.70 | 1 | 170 | \$5.45 | | | |
| 1 | 190 | \$5.95 | 1 | 180 | \$5.70 | | | |
| 1 | 200 | \$6.20 | 1 | 190 | \$5.95 | | | |
| 1 | 210 | \$6.45 | 1 | 200 | \$6.20 | | | |
| 1 | 220 | \$6.70 | 1 | 210 | \$6.45 | | | |
| 1 | 230 | \$6.95 | 1 | 220 | \$6.70 | | | |
| 1 | 240 | \$7.20 | 1 | 230 | \$6.95 | | | |
| 1 | 250 | \$7.45 | 1 | 240 | \$7.20 | | | |
| 1 | 260 | \$7.70 | 1 | 250 | \$7.45 | | | |
| 1 | 270 | \$7.95 | 1 | 260 | \$7.70 | | | |
| 1 | 280 | \$8.20 | 1 | 270 | \$7.95 | | | |
| 1 | 290 | \$8.45 | 1 | 280 | \$8.20 | | | |
| 1 | 300 | \$8.70 | 1 | 290 | \$8.45 | | | |
| 1 | 310 | \$8.95 | 1 | 300 | \$8.70 | | | |
| 1 | 320 | \$9.20 | 1 | 310 | \$8.95 | | | |
| 1 | 330 | \$9.45 | 1 | 320 | \$9.20 | | | |
| 1 | 340 | \$9.70 | 1 | 330 | \$9.45 | | | |
| 1 | 350 | \$9.95 | 1 | 340 | \$9.70 | | | |
| 1 | 360 | \$10.20 | 1 | 350 | \$9.95 | | | |
| 1 | 370 | \$10.45 | 1 | 360 | \$10.20 | | | |
| 1 | 380 | \$10.70 | 1 | 370 | \$10.45 | | | |
| 1 | 390 | \$10.95 | 1 | 380 | \$10.70 | | | |
| 1 | 400 | \$11.20 | 1 | 390 | \$10.95 | | | |
| 1 | 410 | \$11.45 | 1 | 400 | \$11.20 | | | |
| 1 | 420 | \$11.70 | 1 | 410 | \$11.45 | | | |
| 1 | 430 | \$11.95 | 1 | 420 | \$11.70 | | | |
| 1 | 440 | \$12.20 | 1 | 430 | \$11.95 | | | |
| 1 | 450 | \$12.45 | 1 | 440 | \$12.20 | | | |
| 1 | 460 | \$12.70 | 1 | 450 | \$12.45 | | | |
| 1 | 470 | \$12.95 | 1 | 460 | \$12.70 | | | |
| 1 | 480 | \$13.20 | 1 | 470 | \$12.95 | | | |
| 1 | 490 | \$13.45 | 1 | 480 | \$13.20 | | | |
| 1 | 500 | \$13.70 | 1 | 490 | \$13.45 | | | |
| 1 | 510 | \$13.95 | 1 | 500 | \$13.70 | | | |
| 1 | 520 | \$14.20 | 1 | 510 | \$13.95 | | | |
| 1 | 530 | \$14.45 | 1 | 520 | \$14.20 | | | |
| 1 | 540 | \$14.70 | 1 | 530 | \$14.45 | | | |
| 1 | 550 | \$14.95 | 1 | 540 | \$14.70 | | | |
| 1 | 560 | \$15.20 | 1 | 550 | \$14.95 | | | |
| 1 | 570 | \$15.45 | 1 | 560 | \$15.20 | | | |
| 1 | 580 | \$15.70 | 1 | 570 | \$15.45 | | | |
| 1 | 590 | \$15.95 | 1 | 580 | \$15.70 | | | |
| 1 | 600 | \$16.20 | 1 | 590 | \$15.95 | | | |
| 1 | 610 | \$16.45 | 1 | 600 | \$16.20 | | | |
| 1 | 620 | \$16.70 | 1 | 610 | \$16.45 | | | |
| 1 | 630 | \$16.95 | 1 | 620 | \$16.70 | | | |
| 1 | 640 | \$17.20 | 1 | 630 | \$16.95 | | | |
| 1 | 650 | \$17.45 | 1 | 640 | \$17.20 | | | |
| 1 | 660 | \$17.70 | 1 | 650 | \$17.45 | | | |
| 1 | 670 | \$17.95 | 1 | 660 | \$17.70 | | | |
| 1 | 680 | \$18.20 | 1 | 670 | \$17.95 | | | |
| 1 | 690 | \$18.45 | 1 | 680 | \$18.20 | | | |
| 1 | 700 | \$18.70 | 1 | 690 | \$18.45 | | | |
| 1 | 710 | \$18.95 | 1 | 700 | \$18.70 | | | |
| 1 | 720 | \$19.20 | 1 | 710 | \$18.95 | | | |
| 1 | 730 | \$19.45 | 1 | 720 | \$19.20 | | | |
| 1 | 740 | \$19.70 | 1 | 730 | \$19.45 | | | |
| 1 | 750 | \$19.95 | 1 | 740 | \$19.70 | | | |
| 1 | 760 | \$20.20 | 1 | 750 | \$19.95 | | | |

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 286

Levied for May, 1913

Due Head Office on or before June 8, 19

Camp No. 873-0

Boone Grove, Ind.

MEMBERS AMOUNT

Total Membership this Report 40 \$31.90

Arrears for 2 Neighbors reinstated 1.60

Benefit short last report 20

Change of Beneficiaries 33.70

2 certificate 5.0

Total benefit due 37.20

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$ Credit Slip, \$

Benefit \$ Returned Credit Slip \$

Per Capita No. \$

Supplies \$

Certificate Fees \$ Cash \$

Shortage Charged Benefit, \$ Per Capita, \$

Audited by Date

Daily Report Number and Date Received

Date returned

Date re-received

Give Exact Date of Delivery of Benefit Certificate

Adoptions in first liable Asst. No.

Adoptions in first liable Asst. No.

Note: Carefully: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. A. & B. Assessment current includes the time from the first day of the month in which last assessment became payable to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 35.

NAME No. of B. C. Rate

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

1. Chas. Herron 50 152 3294 10/3

2. Frank Mulloy 60 163 3994 10/3

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

Neighbors Reinstated

Suspended more than sixty (60) days, but less than six (6) months—Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME Old Rate New Rate Date of Reinstatement

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. 286—Sec. 53

NAME (WRITE PLAINLY) Rate No. of B. C. LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY) STREET AND NUMBER (IF KNOWN)

1. R. A. Brown 65 152 1771 Valparaiso Ind. R. R. #7

2. Geo. Phillips 55 124 2209 Valparaiso Ind. R. R. #7

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2 NAME Rate No. of B. C. No. Asst. Refused Why Suspended Was Assessment Tendered If so, When? Date Engaged in Liquor Traffic

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

Rate Summary

Enter number of members (net) in good standing paying each rate opposite name, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Total Membership in Good Standing" shown on Item 15, page 10.

No. Rate Amt. this Assessment No. Rate Amt. this Assessment No. Rate Amt. this Assessment

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1 1.00 2.50 4.50

3 1.95 2.60 4.55

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REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 287Levied for June, 1913Due Head Office on or before July 13, 1913Camp No. 9750Boone Grove, Ind.

Please Fill in Camp Location and State

Total Membership this Report 40Arrears for 4 Neighbors reinstated 2.75Benefit short last report 32.15Total benefit due 32.15

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER,"

M. W. OF A. ROCK ISLAND, ILL." (Sec. 206).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$..... Credit Slip, \$.....

Benefit \$..... Returned \$.....

Per Capita \$..... Credit Slip No. \$.....

Supplies \$.....

Certificate Fees \$..... Cash \$.....

Shortage { Benefit, \$.....

Charged { Per Capita, \$.....

Audited by..... Date.....

Daily Report Number and Date Received

Date returned.....

Date re-received.....

Give Exact Date of Delivery of Benefit Certificate

Notice: Adoptions in..... first liable Asst. No.....

Adoptions in..... first liable Asst. No.....

Date of Adoption and delivery of Certificate held to be identical. Head Clerk.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate.

Sec. 36. Assessment current includes the time from the first day of the month in which last assessment became payable to the first day of the month in which next assessment is payable.

If a new Camp, enter name of members adopted on date of organization, all being liable.—Sec. 37.

NAME No. of B. C. Rate

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ENTER DATE WHEN NEIGHBOR PAID ARREARAGES

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

1. Geo. Phillips 5.31 12 4 24 19132. R. J. Jones 5.0 1 6 44 19133. R. G. Brown 5.0 1 30 130 19134. J. T. Rason 6.5 1 2 17 19135. 2 2 1

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PASS REPORT

Assessment No. 258

Levied for July, 1913
Due Head Office on or before Aug 18, 1913
Camp No. 8780Boone Grove, State Ind.
Please Fill in Camp Location and State

| MEMBERS | AMOUNT |
|------------------------------------|------------|
| Total Membership this Report | 37 \$29.05 |
| Arrears for 2 Neighbors reinstated | 2.00 |
| Benefit short last report | 33 |
| Total benefit due | 31.05 |

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER,
M. W. OF A. ROCK ISLAND, ILL." (Sec. 286).Memoranda for Head Clerk
Camp Clerks will leave blank space below for Head Office
Draft or Money Order, \$..... Credit Slip, \$.....

| Benefit | Returned |
|------------------|-------------|
| Per Capita | Credit Slip |
| Supplies | No. |
| Certificate Fees | Cash |

Shortage Charged { Benefit, \$.....
Per Capita, \$.....

Audited by..... Date.....

Daily Report Number and Date Received

Date returned.....

Date re-received.....

Admitted by Card from Other Camps—Sec. 82
First Liabilities for Assessment No. 243
Give Number of Former Camp

| Item 1 | NAME | From Camp No. | Rate | First Liability | Date Admitted |
|--------|------|---------------|------|-----------------|---------------|
| 1. | | | | | |
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Transferred from Social to Beneficial Membership—Secs. 78-79

| Item 2 | NAME | Rate | No. of B. C. | Date of B. C. |
|--------|------|------|--------------|---------------|
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Withdrawn by Card—80-82
State Number of Last Assessment Paid Your Camp

| Item 3 | NAME | No. of B. C. | Rate | Last Paid | Date of Card |
|--------|------|--------------|------|-----------|--------------|
| 1. | | | | | |
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Notice: Adoptions in..... first liable Asst. No.....
Date of Adoption and delivery of Certificate held to be identical—Head Counsel.

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 36.

| NAME | No. of B. C. | Rate | Cert. Del. When? |
|------|--------------|------|------------------|
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| 37. | | | |

Neighbors Deceased—Secs. 60-65
Last Paying Assessment No.....

| Item 1 | NAME | Rate | Last Paid | Date of Death |
|--------|------|------|-----------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Transferred from Beneficial to Social Membership—Sec. 73
Last Paying Assessment No.....

| Item 2 | NAME | No. of B. C. | Rate | Last Paid | Date Trans. |
|--------|------|--------------|------|-----------|-------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Neighbors Expelled by Camp Trial—Chapter XLVII

| Item 3 | NAME | No. of B. C. | Rate | Last Paid | Date Exp. |
|--------|------|--------------|------|-----------|-----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

CHANGE IN RATE, ACCT. Increase of Insurance—Sec. 41
Decrease of Insurance—Sec. 44
Increase Rate Act. Sus.—Sec. 47
Correction of Error in Rate

| Item 4 | NAME | No. of B. C. | Old Rate | New Rate | Date Issued |
|--------|------|--------------|----------|----------|-------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Beneficial Members Reinstated, for whom Arrears of Per Capita is Remitted with this Report

| Item 5 | NAME | Amount | Rate | Date |
|--------|------|--------|------|------|
| 1. | | | | |
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| 11. | | | | |

Neighbors Reinstated
Within sixty (60) days from date of suspension—Sec. 56

| Item 1 | NAME | Rate | No. of B. C. | Date Reinstated |
|--------|-------------|------|--------------|-----------------|
| 1. | P. R. Kline | 5.0 | 831821 | 4/23 |
| 2. | H. Phillips | 5.0 | 122222 | 7/13 |
| 3. | | | | |
| 4. | | | | |
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Neighbors Reinstated
Suspended more than sixty (60) days, but less than six (6) months—Sec. 57
Application for reinstatement must be approved before six months period expires.

| Item 2 | NAME | Old Rate | New Rate | Date of Reinstatement |
|--------|------|----------|----------|-----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

CANDIDATES REJECTED

| Item 1 | NAME | How Rejected | Date |
|--------|------|--------------|------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Beneficial Social Membership
Report only Applicants for Beneficial Membership who were Adopted as SOCIALS, pending receipt of Beneficial Certificate—Sec. 29

| Item 2 | NAME | DATE |
|--------|------|------|
| 1. | | |
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| 15. | | |

Beneficial Members Reinstated, for whom Arrears of Per Capita is Remitted with this Report

| Item 3 | NAME | Amount | Rate | Date |
|--------|------|--------|------|------|
| 1. | | | | |
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| 11. | | | | |

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

| Item 1 | NAME | Rate | No. of B. C. | No. Asst. Refused | Why Suspended | Was Assessment Tendered? | If so, When? | Date Engaging in Liquor Traffic |
|--------|---------------|------|--------------|-------------------|---------------|--------------------------|--------------|---------------------------------|
| 1. | J. E. Holland | 5.0 | 1269303 | | | | | |
| 2. | J. A. Holland | 6.5 | 1321237 | | | | | |
| 3. | Chas. Herron | 5.0 | 1823294 | | | | | |
| 4. | R. A. Brown | 5.5 | 1301306 | | | | | |
| 5. | A. D. Riley | 7.0 | 1924098 | | | | | |
| 6. | | 2.00 | | | | | | |
| 7. | | | | | | | | |
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MONTHLY REPORT OF SOCIAL MEMBERSHIP
(Report here only Social Membership Changes for the Month)
Adopted as Social Members Since Last Report (60-71)

| Item 1 | NAME | Date |
|--------|------|------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

Admitted by Transfer Card (Social)

| Item 2 | NAME | From Camp No. | Date |
|--------|------|---------------|------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Withdrawn by Card (Social)

| Item 3 | NAME | Date |
|--------|------|------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Deceased (Social)

| Item 4 | NAME | Date |
|--------|------|------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Suspended or Expelled (Social)

| Item 5 | NAME | Suspended Date | Expelled Date |
|--------|------|----------------|---------------|
| 1. | | | |
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| 3. | | | |
| 4. | | | |

Social Members Reinstated
Per Capita Arrears Herewith

| Item 6 | NAME | Am't. Paid | Date Paid |
|--------|------|------------|-----------|
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| 6. | | | |
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Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

| Item 1 | NAME | Rate | No. of B. C. | No. Asst. Refused | Why Suspended | Was Assessment Tendered? | If so, When? | Date Engaging in Liquor Traffic |
|--------|---------------|------|--------------|-------------------|---------------|--------------------------|--------------|---------------------------------|
| 1. | J. E. Holland | 5.0 | 1269303 | | | | | |
| 2. | J. A. Holland | 6.5 | 1321237 | | | | | |
| 3. | Chas. Herron | 5.0 | 1823294 | | | | | |
| 4. | R. A. Brown | 5.5 | 1301306 | | | | | |
| 5. | A. D. Riley | 7.0 | 1924098 | | | | | |
| 6. | | 2.00 | | | | | | |
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Combined Membership and Financial Statement

| Last Report (59-71) | | Item | With but one rate each for— | Members | Amount |
|---------------------|---------------|-------------------------|--|---------|--------|
| Date | | 1 | Total membership remitted for last report (Item 1) Assessment No. _____ | 40 | 29.95 |
| | | 2 | If for new Camp, Neighbors first liable (names page 2) _____ | | |
| | | 3 | Neighbors adopted since last report, now liable (names page 2) _____ | | |
| | | 4 | Neighbors reinstated within sixty days from date suspended (names Item 1, page 3), one rate for each, amounting to _____ | 2 | 2.00 |
| | | 5 | Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3) _____ | | |
| Card (Social) | | 6 | Admitted by card (names Item 1, page 4) _____ | | |
| From Camp No. | Date | 7 | Transferred from Social to Beneficial membership (names Item 4, page 5) _____ | | |
| | | 8 | Acct. reinstatement (Item 5, page 5) _____ | | |
| | | 9 | Increase of certificate (Item 5, page 5) _____ | | |
| | | 10 | Acct. change occupation (Item 4, page 5) _____ | | |
| d (Social) | | 11 | Acct. error in rate (Item 5, page 5) _____ | | |
| Date | | Totals _____ | | 42 | 31.95 |
| | | DEDUCTIONS | | Members | Amt. |
| | | 12 | Neighbors suspended for non-payment of this assessment (names page 4) _____ | 5 | 2.90 |
| ial) | | 13 | Neighbors withdrawn by card (Item 3, page 4) _____ | | |
| Date | | 14 | Deceased Neighbors (Item 1, page 3) _____ | | |
| | | 15 | Neighbors transferred from Beneficial to Social membership (Item 3, page 5) _____ | | |
| | | 16 | Neighbors expelled (names Item 3, page 5) _____ | | |
| ed (Social) | | 17 | Under Chapter II of Art. Sec. 20-20 (Item 2, page 4) _____ | | |
| Expended Date | Expelled Date | 18 | Decrease of Certificate _____ | | |
| | | 19 | Change of occupation _____ | | |
| | | 20 | Lost in rate _____ | | |
| | | Total Deductions _____ | | 5 | |
| nstituted | | 21 | Total membership in good standing _____ | 37 | 29.05 |
| Benefit | | 22 | Benefit arrears 2-Neighbors reinstated (Item 5-4) _____ | | |
| Amt. Paid | Date Paid | 23 | | | |
| | | Total Benefit due _____ | | | 3.90 |

PASS REPORT

Assessment No. 289Levied for August, 19 13Due Head Office on or before Sept 13, 19 13Camp No. 8756State of Ill.
Please Fill in Camp Location and StateTotal Membership this Report 442 \$ 21.43Arrears for 1 Neighbors reinstated 6 \$ 35

Benefit short last report

Total benefit due 37.80DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER,
M. W. OF A., ROCK ISLAND, ILL." (Sec. 280).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$..... Credit Slip, \$.....

Benefit \$..... Return—

Per Capita \$..... Credit Slip

Supplies \$..... No.....

Certificate Fees \$..... Cash \$.....

Shortage { Benefit, \$.....

Charged { Per Capita, \$.....

Audited by..... Date.....

Daily Report Number and Date Received

Date returned.....

Date re-received.....

Give Exact Date of Delivery of Certificate

Notice: Adoptions in August first liable Assn. No. 289Adoptions in August first liable Assn. No. 289

Date of Adoption and delivery of Certificate held to be

Identical? Head Clerk

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable

for payment of the assessment current at date of delivery of his Certificate

first day of the month in which last assessment became payable, to the

first day of the month in which next assessment is payable.

If a new Camp enter name of members adopted on date of organization

and being liable—Sec. 35.

NAME No. of B. C. Rate

1. C. H. Carpenter 2125112 6.0 8/132. Geo. Wilson 2122177 2.5 8/13

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ENTER DATE WHEN NEIGHBORS PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 56

Item 1 NAME Rate No. of B. C. Date Reinstated

1. J. J. Carpenter 160 2572121 8/132. John A. Holland 52 1267112 8/133. John A. Holland 52 1267112 8/134. J. J. Carpenter 50 1322112 8/135. J. J. Carpenter 70 1322112 8/136. Chas. Nelson 50 1572112 8/13

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Report only those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53

NAME Rate No. of B. C. LAST KNOWN P. O. ADDRESS STREET AND NUMBER

1. M. B. Bepko 75 1578112 Valparaiso Ind P. R. #22. B. R. V. V. V. 150 831521 Valparaiso Ind P. R. #23. Geo. Phillips 55 124721 Valparaiso Ind P. R. #1

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Rate Summary

Enter number of members (all) in good standing paying each rate

opposite same, then amount paid by each group of rates. If correctly

computed the total number of members and amount paid will

show "Total Membership in good standing" shown in item 15, page 10.

No. Rate Amt. this No. Rate Amt. this

PASS REPORT

Assessment No. 290Levied for Sept, 1913Due Head Office on or before Oct 18, 1913Camp No. 233

State } Ind.
Province }
Please Fill in Camp Location and State

| | MEMBERS | AMOUNT |
|---|-----------|----------------|
| Total Membership this Report | <u>42</u> | <u>\$32.50</u> |
| Arrears for <u>2</u> Neighbors reinstated | <u>2</u> | <u>2.25</u> |
| Benefit short last report | <u>2</u> | <u>0.00</u> |

Total benefit due 36.75

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, N. W. OF A. ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order, \$..... Credit Slip, \$.....

| | Returned— |
|------------------|---------------------|
| Benefit | Credit Slip \$..... |
| Per Capita | No. |
| Supplies | Cash \$..... |
| Certificate Fees | |

Shortage { Benefit, \$.....
Charged { Per Capita, \$.....

Audited by Date

Daily Report Number and Date Received

Date returned

Date received

Give Exact Date of Delivery of Benefit Certificate

Adoption in first liable Asst. No.

Date of Adoption and delivery of Certificate held to be identical—Head Clerk

NOTE CAREFULLY: Sec. 35. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. Assessment current includes the time from the first day of the month in which last assessment became payable to the first day of the month in which next assessment is payable. If a new Camp, enter name of members adopted on date of organization, all being liable—Sec. 36.

| NAME | No. of B. C. | Rate | Del. When? |
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ENTER DATE WHEN NEIGHBOR PAID ARREARAGES.

Neighbors Reinstated

Within sixty (60) days from date of suspension—Sec. 56

| Item 1 | NAME | Rate | No. of B. C. | Date Reinstated |
|--------|--------------------|------------|---------------|-----------------|
| 1 | <u>Chas. Hiron</u> | <u>15</u> | <u>187999</u> | <u>1/13</u> |
| 2 | <u>A. B. Riley</u> | <u>150</u> | <u>281229</u> | <u>1/13</u> |

| NAME | No. of B. C. | Rate | Del. When? |
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SOCIAL MEMBERSHIP

SOCIAL MEMBERS SUSPENDED

SOCIAL MEMBERS IN GOOD STANDING

For Whom Per Capita for the first Semi-annual Term of 1918 is Remitted.

| *NAME | Amount | Adopted |
|------------------|--------|---------|
| 1. Don Baker | 60 | 4/25/06 |
| 2. Leo | 60 | 7/5/07 |
| 3. Geo. Bailey | 60 | 3-3-08 |
| 4. Wm. | 60 | 3-3-08 |
| 5. E. B. Cornell | 60 | 3/21-08 |
| 6. A. R. Eaton | 60 | 3-3-08 |
| 7. A. R. Eaton | 60 | 2-3-07 |
| 8. B. H. Norton | 60 | 2-3-08 |
| 9. B. H. Norton | 60 | 2-3-08 |
| 10. B. H. Norton | 60 | 2-3-08 |
| 11. J. H. Norton | 60 | 2-3-08 |
| 12. J. H. Norton | 60 | 2-3-08 |
| 13. J. H. Norton | 60 | 2-3-08 |
| 14. J. H. Norton | 60 | 2-3-08 |
| 15. J. H. Norton | 60 | 2-3-08 |
| 16. J. H. Norton | 60 | 2-3-08 |
| 17. J. H. Norton | 60 | 2-3-08 |
| 18. J. H. Norton | 60 | 2-3-08 |
| 19. J. H. Norton | 60 | 2-3-08 |
| 20. J. H. Norton | 60 | 2-3-08 |
| 21. J. H. Norton | 60 | 2-3-08 |
| 22. J. H. Norton | 60 | 2-3-08 |
| 23. J. H. Norton | 60 | 2-3-08 |
| 24. J. H. Norton | 60 | 2-3-08 |
| 25. J. H. Norton | 60 | 2-3-08 |
| 26. J. H. Norton | 60 | 2-3-08 |
| 27. J. H. Norton | 60 | 2-3-08 |
| 28. J. H. Norton | 60 | 2-3-08 |
| 29. J. H. Norton | 60 | 2-3-08 |
| 30. J. H. Norton | 60 | 2-3-08 |
| 31. J. H. Norton | 60 | 2-3-08 |
| 32. J. H. Norton | 60 | 2-3-08 |
| 33. J. H. Norton | 60 | 2-3-08 |
| 34. J. H. Norton | 60 | 2-3-08 |
| 35. J. H. Norton | 60 | 2-3-08 |
| 36. J. H. Norton | 60 | 2-3-08 |
| 37. J. H. Norton | 60 | 2-3-08 |
| 38. J. H. Norton | 60 | 2-3-08 |
| 39. J. H. Norton | 60 | 2-3-08 |
| 40. J. H. Norton | 60 | 2-3-08 |

For Whom Per Capita for the first Semi-annual Term of 1918 is Remitted.

| *NAME | Amount | Adopted |
|--------------------|--------|---------|
| 1. Howard Baird | 60 | 4/25/06 |
| 2. W. A. Phillips | 60 | 7/5/07 |
| 3. W. A. Phillips | 60 | 3-3-08 |
| 4. W. A. Phillips | 60 | 3-3-08 |
| 5. W. A. Phillips | 60 | 3/21-08 |
| 6. W. A. Phillips | 60 | 3-3-08 |
| 7. W. A. Phillips | 60 | 2-3-07 |
| 8. W. A. Phillips | 60 | 2-3-08 |
| 9. W. A. Phillips | 60 | 2-3-08 |
| 10. W. A. Phillips | 60 | 2-3-08 |
| 11. W. A. Phillips | 60 | 2-3-08 |
| 12. W. A. Phillips | 60 | 2-3-08 |
| 13. W. A. Phillips | 60 | 2-3-08 |
| 14. W. A. Phillips | 60 | 2-3-08 |
| 15. W. A. Phillips | 60 | 2-3-08 |
| 16. W. A. Phillips | 60 | 2-3-08 |
| 17. W. A. Phillips | 60 | 2-3-08 |
| 18. W. A. Phillips | 60 | 2-3-08 |
| 19. W. A. Phillips | 60 | 2-3-08 |
| 20. W. A. Phillips | 60 | 2-3-08 |
| 21. W. A. Phillips | 60 | 2-3-08 |
| 22. W. A. Phillips | 60 | 2-3-08 |
| 23. W. A. Phillips | 60 | 2-3-08 |
| 24. W. A. Phillips | 60 | 2-3-08 |
| 25. W. A. Phillips | 60 | 2-3-08 |
| 26. W. A. Phillips | 60 | 2-3-08 |
| 27. W. A. Phillips | 60 | 2-3-08 |
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| 32. W. A. Phillips | 60 | 2-3-08 |
| 33. W. A. Phillips | 60 | 2-3-08 |
| 34. W. A. Phillips | 60 | 2-3-08 |
| 35. W. A. Phillips | 60 | 2-3-08 |
| 36. W. A. Phillips | 60 | 2-3-08 |
| 37. W. A. Phillips | 60 | 2-3-08 |
| 38. W. A. Phillips | 60 | 2-3-08 |
| 39. W. A. Phillips | 60 | 2-3-08 |
| 40. W. A. Phillips | 60 | 2-3-08 |

ADMITTED BY TRANSFER CARD (Beneficial)

Enter here Neighbors admitted by card prior to 1st, 19....., not yet liable for assessments, but liable for Per Capita

| Item 2 | NAME | From Camp No. | Date |
|--------|------|---------------|------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
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| 5. | | | |

WITHDRAWN BY CARD (Beneficial)

Neighbors withdrawn by card last paying No. 122, who have deposited their cards in another camp prior to July..... 1st, 1918.

| Item 3 | NAME | To Camp No. | Date of Deposit |
|--------|----------------|-------------|-----------------|
| 1. | W. A. Phillips | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

*If any of your Social Neighbors have not received Social certificates of membership, forward application to Head Clerk with registration fee of \$1.00 and certificate will be issued.

Neighbors who died during the month of November, but not liable for Per Capita

| NAME | Date of Death |
|------------------|---------------|
| 1. C. G. Gresham | 6/21/12 |
| 2. | |
| 3. | |
| 4. | |

Semi-Annual Membership Statement

| <div style="display: flex; justify-content: space-between;"> Camp No. <u>8750</u> Boone Grove State of <u>Ind</u> </div> <div style="text-align: center; margin-top: 5px;"> <u>July 5</u> 19<u>13</u> </div> | | | | | | | | | | | | | | | | | |
|---|--|------------------|---------|----------|-------|-----------------|------------------|------------------|--|--|--|--|--|--|--------------|---------------|---------------|
| <p>The undersigned, Managers and Special Auditor of Camp No. <u>8750</u>, upon our honor as Woodmen, certify that we have made a full and complete check, audit, and examination of the books, records, and accounts of the Clerk and Banker thereof; that the Camp Cash account correctly exhibits the receipts to and disbursements from the Benefit and General funds of said Camp, for the semi-annual term ended <u>June 30</u> 19<u>12</u>.</p> <p><u>Third</u> <u>July</u> 19<u>12</u>, there was in our Benefit and General funds (including Assessment No. <u>275</u> and <u>Second</u> quarter, 19<u>12</u>, dues): Benefit fund \$ <u>43.95</u>; General fund, \$ <u>158.92</u>.</p> <p>We find as due Head Camp, including arrears for members reinstating on Assessment No. <u>275</u> \$ <u>43.95</u>; account Per Capita for the <u>Second</u> term 19<u>12</u>, \$ <u>35.40</u>; leaving a balance of \$ <u>12.95</u> in the Benefit fund, and \$ <u>123.52</u> in the General fund, at this date.</p> <p>We find the cash representing these funds (including safety or other special funds) satisfactorily accounted for as follows</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%;">BENEFIT</th> <th style="width: 33%;">*GENERAL</th> <th style="width: 33%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ <u>12.95</u></td> <td style="text-align: right;">\$ <u>123.52</u></td> <td style="text-align: right;">\$ <u>136.27</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="text-align: right;"><u>12.95</u></td> <td style="text-align: right;"><u>123.52</u></td> <td style="text-align: right;"><u>136.27</u></td> </tr> </tbody> </table> | | | BENEFIT | *GENERAL | TOTAL | \$ <u>12.95</u> | \$ <u>123.52</u> | \$ <u>136.27</u> | | | | | | | <u>12.95</u> | <u>123.52</u> | <u>136.27</u> |
| BENEFIT | *GENERAL | TOTAL | | | | | | | | | | | | | | | |
| \$ <u>12.95</u> | \$ <u>123.52</u> | \$ <u>136.27</u> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| <u>12.95</u> | <u>123.52</u> | <u>136.27</u> | | | | | | | | | | | | | | | |
| <p>In the custody of the Camp Banker _____</p> <p>In the hands of the Camp Clerk _____</p> <p>On deposit _____ Bank _____</p> <p>Loaned on security approved by the Managers _____</p> <p style="text-align: center;">Total _____</p> | | | | | | | | | | | | | | | | | |
| <p>We further certify that the Beneficial membership of the Camp, <u>July 5</u> 19<u>12</u>, is correctly indicated on page 10 of Pass report attached and the Social membership on <u>July 1</u> 19<u>12</u>, is correctly reported on page 15 of the Semi-annual report herewith.</p> | | | | | | | | | | | | | | | | | |
| <p>Attest:</p> <p><u>Geo Phillips</u></p> <p style="text-align: center;">Auditor.</p> | <p><u>John E Holland</u></p> <p><u>Frank Shumake</u></p> | <p>Managers.</p> | | | | | | | | | | | | | | | |

NOTE.—If for any reason the foregoing certificate cannot be executed by the Board of Managers and Auditor, a special report setting forth the cause of the withholding of their signatures thereto should be promptly made to the Head Clerk.

* Include in Camp General Fund balance all special funds, such as Safety, Delinquent or Sick funds, as they are a part of the Camp's General fund.

| SOCIAL MEMBERSHIP | | | SOCIAL MEMBERSHIP | | |
|---|-------------|---------------|--|--------|---------|
| SOCIAL MEMBERS IN GOOD STANDING | | | SOCIAL MEMBERS SUSPENDED | | |
| For Whom Per Capita for the <i>first</i> Semi-annual Term of <i>1912</i> is Remitted. | | | For Whom Per Capita for the <i>first</i> Semi-annual Term of <i>1912</i> is NOT Remitted | | |
| *NAME | Amount | Adopted | NAME | Amount | Adopted |
| <i>Ben Brady</i> | <i>60</i> | <i>3-3-08</i> | <i>Rosa Baker</i> | | |
| <i>Wm. R. Eaton</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>Harry</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>Chas. Hutton</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>H. J. Wittenburg</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>F. J. Wittenburg</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>C. O. Dyle</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>A. J. Wittenburg</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| | <i>5.40</i> | | | | |

| Deceased Neighbors (Beneficial) | | |
|---------------------------------|--------|---------------|
| NAME | Amount | Date of Death |
| | | |
| | | |
| | | |
| | | |

| Semi-Annual Membership Statement | | | |
|----------------------------------|--|-----------|--------------|
| Item | At the Rate of 60c for Each Member | Members | Amount |
| 1 | Total Beneficial membership on Assessment No. <i>281</i> | <i>41</i> | <i>24.60</i> |
| 2 | Admitted by card-not yet liable for Assessment (Item 3, page 14) | | |
| 3 | Social Neighbors in good standing | <i>9</i> | <i>5.40</i> |
| 4 | Totals | <i>50</i> | <i>30.00</i> |

| DEDUCTIONS | | |
|------------|---|--------------|
| Item | Members | Amount |
| 5 | Withdrawn by card (Item 3, page 14) | |
| 6 | Deceased (Item 1, page 15) | |
| 7 | Total deductions | |
| 8 | Net membership for whom Per Capita is remitted | <i>50</i> |
| 9 | Per Capita arrears for Social Neighbors reinstated on this report | <i>30</i> |
| 10 | Per Capita arrears for Beneficial Neighbors reinstated on this report | <i>10</i> |
| 11 | Per Capita short last report | |
| | Total Per Capita due | <i>30.00</i> |

Instructions to Clerks
The per capita for the year is \$1.20. It is required to be paid strictly in advance, one-half in January and one-half in July, to be accompanied by the Semi-annual Report properly formulated. Each and every Camp is liable for all Neighbors, Beneficial and Social, in good standing on December 31st for first term per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessment separately, but both must be tendered. He cannot accept part payment.
For all neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted. Make all remittances of whatever character, forwarded the Head Office payable to the Society's Head Banker at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.
Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.
C. W. HAWES, Head Clerk, M. W. of A.

CERTIFICATE OF MANAGERS AND SPECIAL AUDITOR
Camp No. *8750* *Boone Grove* State of *Iud.*
Jan. 2 1913

The undersigned, Managers and Special Auditor of Camp No. *8750*, upon our honor as Woodmen, certify that we have made a full and complete check, audit, and examination of the books, records, and accounts of the Clerk and Banker thereof; that the Camp Cash account correctly exhibits the receipts to and disbursements from the Benefit and General funds of said Camp, for the semi-annual term ended *Jan. 1st* 1913.

On *Jan. 1* 1913, there was in our Benefit and General funds (including Assessment No. *281*, and *First* quarter, 1912, dues): Benefit fund \$ *51.20*; General fund \$ *180.37*.

We find as due Head Camp, including arrears for members reinstating on Assessment No. *281*, \$ *37.15*; account Per Capita for the *First* term, 1912, \$ *30.00*; leaving a balance of \$ *140.42* in the Benefit fund, and \$ *180.37* in the General fund, at this date.

We find the cash representing these funds (including safety or other special funds) satisfactorily accounted for as follows

| BENEFIT | GENERAL | TOTAL |
|---------------|---------------|---------------|
| <i>140.42</i> | <i>180.37</i> | <i>320.79</i> |

In the custody of the Camp Banker
In the hands of the Camp Clerk
On deposit *Bank*
Loaned on security approved by the Managers
Total *140.42 180.37 320.79*

We further certify that the Beneficial membership of the Camp, *Jan. 1* 1913, is correctly indicated on page 10 of Pass report attached and the Social membership on *Jan. 1* 1913, is correctly reported on page 15 of the Semi-annual report herewith.

Attest:
John E. Holland Managers
W. J. Rykharworth Managers
Stewart D. Dwyer Auditor

NOTE.—If for any reason the foregoing certificate cannot be executed by the Board of Managers and Auditor, a special report setting forth the cause of the withholding of their signatures thereto should be promptly made to the Head Clerk.
* Include in Camp General Fund balance all special funds, such as Safety, Delinquent or Sick funds, as they are a part of the Camp's General fund.

| SOCIAL MEMBERSHIP | | | SOCIAL MEMBERSHIP | | |
|---|-------------|---------------|--|--------|---------|
| SOCIAL MEMBERS IN GOOD STANDING | | | SOCIAL MEMBERS SUSPENDED | | |
| For Whom Per Capita for the <i>first</i> Semi-annual Term of <i>1912</i> is Remitted. | | | For Whom Per Capita for the <i>first</i> Semi-annual Term of <i>1912</i> is NOT Remitted | | |
| *NAME | Amount | Adopted | NAME | Amount | Adopted |
| <i>Ben Brady</i> | <i>60</i> | <i>3-3-08</i> | <i>Ben Brady</i> | | |
| <i>Wm. R. Eaton</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>Harry</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>Chas. Hutton</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>H. J. Wittenburg</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>F. J. Wittenburg</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>C. O. Dyle</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| <i>A. J. Wittenburg</i> | <i>60</i> | <i>3-3-08</i> | <i>Wm. R. Eaton</i> | | |
| | <i>5.40</i> | | | | |

| Deceased Neighbors (Beneficial) | | |
|---------------------------------|--------|---------------|
| NAME | Amount | Date of Death |
| | | |
| | | |
| | | |
| | | |

| Semi-Annual Membership Statement | | | |
|----------------------------------|--|-----------|--------------|
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| DEDUCTIONS | | |
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C. W. HAWES, Head Clerk, M. W. of A.

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Jan. 2 1913

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